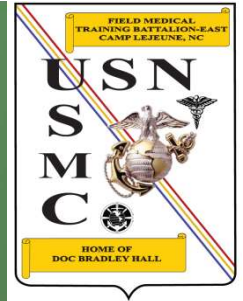


# TACEVAC/EVACUATION



# OVERVIEW

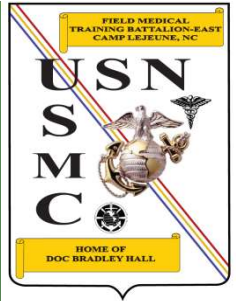


- ▣ Taxonomy of Care
- ▣ Methods of Evacuation
- ▣ TACEVAC Categories
- ▣ The 9-Line EVAC
- ▣ The MIST Report
- ▣ Triage/Mass Casualty



Coordinate TACEVAC

# LEARNING OBJECTIVES



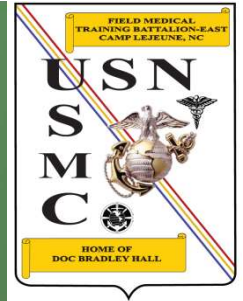
Please Read Your  
Terminal Learning Objectives  
And  
Enabling Learning Objectives

Coordinate TACEVAC



Coordinate TACEVAC

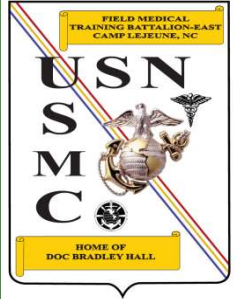
# TAXONOMY OF CARE



- ▣ Distinctive and overlapping care capabilities
- ▣ The goal is to evacuate the casualty to the level of care required to meet the needs of the individual.

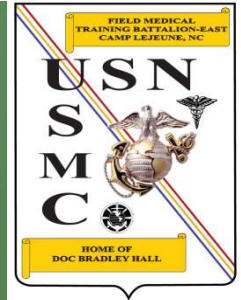


# TAXONOMY OF CARE



- ▣ Commences at the scene of injury and continues until:
  - ▣ Member receives definitive care
  - ▣ Member is discharged
  - ▣ Member is returned to duty

# FIRST RESPONDER CAPABILITY



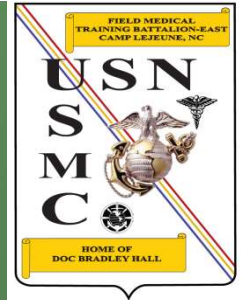
## Primary Objective

- ▣ First aid and emergency care rendered at the point of injury
- ▣ Examples:
  - Self aid
  - Buddy aid
  - BAS



Coordinate TACEVAC

# FORWARD RESUSCITATIVE CAPABILITY

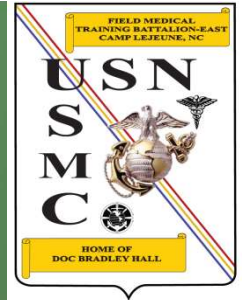


- ▣ Builds on First Responder Capabilities
- ▣ Advanced treatment as close to point of injury as possible
- ▣ Stabilization for evacuation



Coordinate TACEVAC

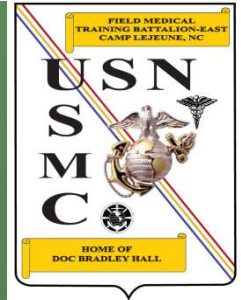
# FORWARD RESUSCITATIVE CAPABILITY



- ▣ Examples include:
  - Medical Battalion
  - Casualty Receiving & Treatment Ships
  - Shock Trauma Platoon (STP)
  - Forward Resuscitative Surgical Suite (FRSS)



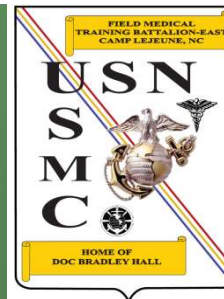
# THEATER HOSPITALIZATION CAPABILITY



- ▣ Highest level of care in combat zone
- ▣ Located away from enemy threat
  - Fleet Hospitals
  - Hospital Ships

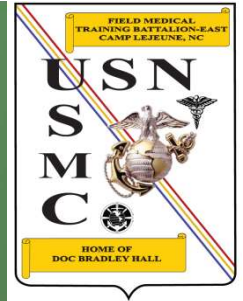


Fleet Hospital Guantanamo Bay



Coordinate TACEVAC

# DEFINITIVE CAPABILITY



## Definitive Care

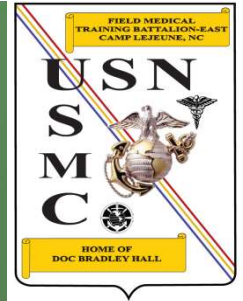
### Overseas (MTF):

- Comprehensive medical/surgical care
- Definitive care for those who may be RTD within the theater of operations
- Those who cannot RTD will be evacuated via en route care capability



Coordinate TACEVAC

# DEFINITIVE CAPABILITY

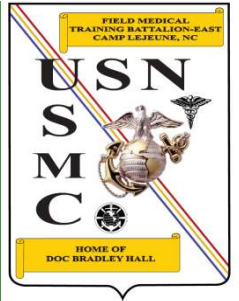


Wounded soldier receiving rehabilitation care at WRAMC.

- ▣ Restorative and rehabilitative care
  - OCONUS MTF
  - In CONUS
    - ▣ Military hospitals
    - ▣ Veterans Administration Hospitals
    - ▣ Selected civilian hospitals

Coordinate TACEVAC

# EN ROUTE CARE CAPABILITY

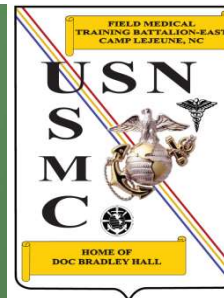


- ▣ The continuation of care during evacuation within the continuum without clinically compromising the patient's condition.
  - Casualty Evacuation
  - Medical Evacuation
  - Aeromedical Evacuation



Coordinate TACEVAC

# METHODS OF EVACUATION



Coordinate TACEVAC

# METHODS OF EVACUATION

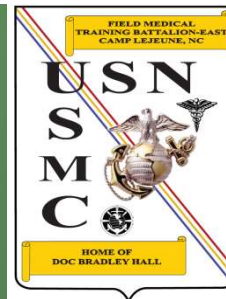


AMBULATORY  
“Walking Wounded”



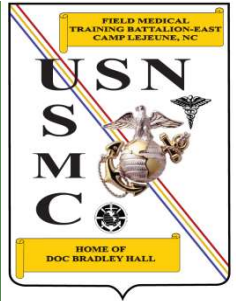
Manual carries

# FIREMAN'S CARRY



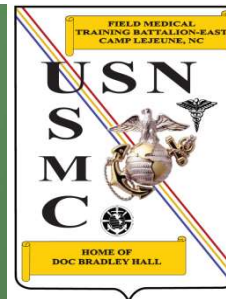
Coordinate TACEVAC

# FIREMAN'S CARRY



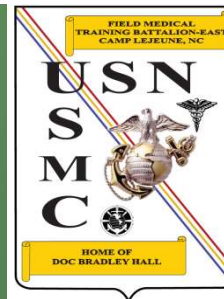
Coordinate TACEVAC

# ONE-MAN SUPPORTING CARRY



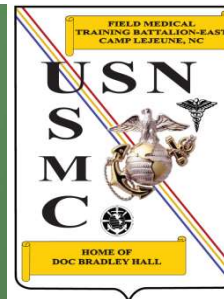
Coordinate TACEVAC

# SADDLE BACK CARRY



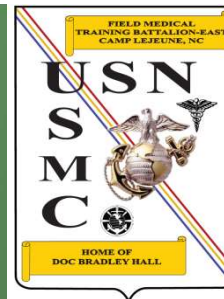
Coordinate TACEVAC

# PACK STRAP CARRY



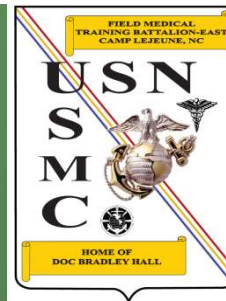
Coordinate TACEVAC

# TWO MAN SUPPORT CARRY



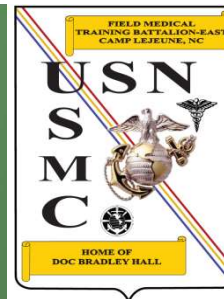
Coordinate TACEVAC

# TWO MAN CARRY



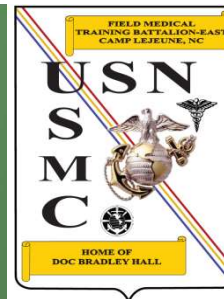
Coordinate TACEVAC

# FORE/AFT CARRY



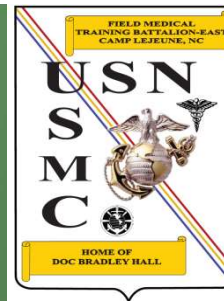
Coordinate TACEVAC

# FOUR-HAND CARRY



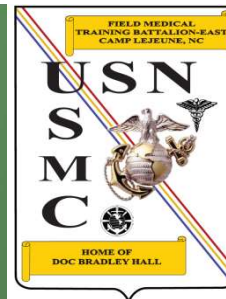
Coordinate TACEVAC

# TWO HAND SEAT CARRY



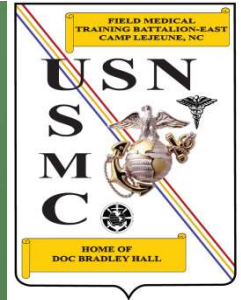
Coordinate TACEVAC

# TWO-HAND SEAT CARRY



Coordinate TACEVAC

# CLOTHES DRAG



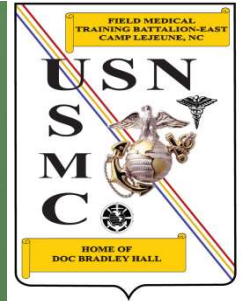
Coordinate TACEVAC

# METHODS OF EVACUATION



- ▣ Litter transportation
  - Talon Litter
  - Army Litter
  - Stokes Litter
  - Pole-less litter
  - Miller Board
  - Improvised litters

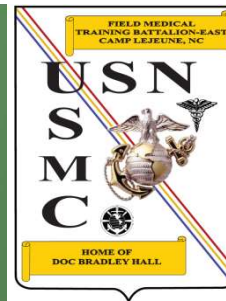
# TALON LITTER



- ▣ Most commonly used litter
- ▣ Developed to meet urgent requirement to provide casualty evacuation
- ▣ No need to transfer casualty from one litter to another

Coordinate TACEVAC

# STANDARD ARMY LITTER

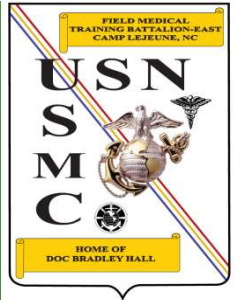


- Does not fold in half, only collapsible the long way

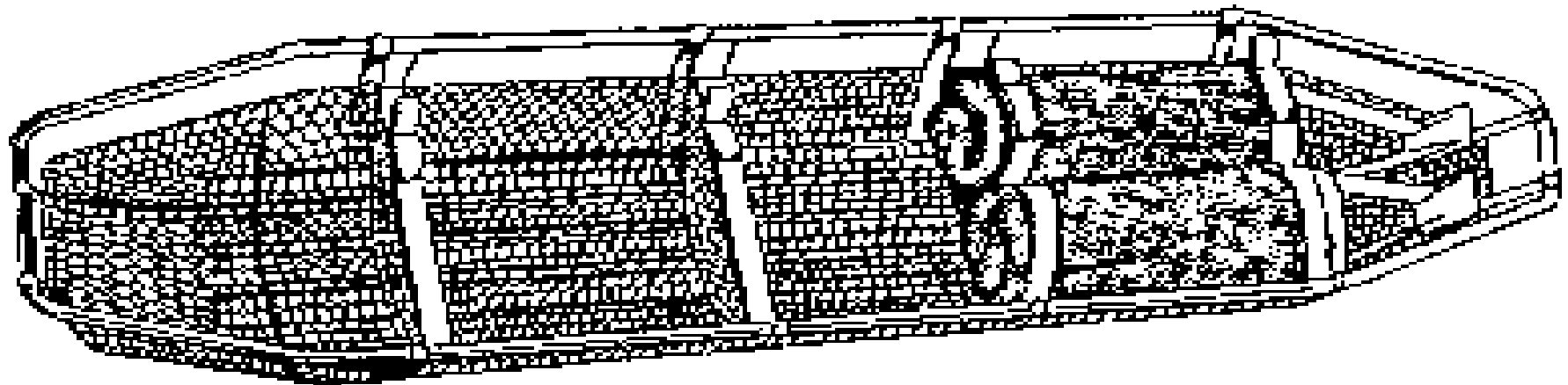


Coordinate TACEVAC

# STOKES LITTER

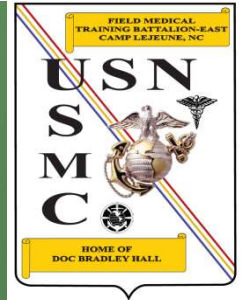


- ▣ Maximum protection for the patient when litter is tilted



Coordinate TACEVAC

# POLE-LESS LITTER

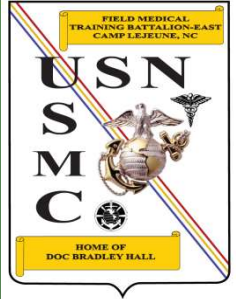


- ▣ Can be folded and carried by field corpsmen
- ▣ Poles can be inserted for carrying long distances



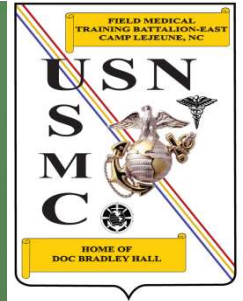
Coordinate TACEVAC

# MILLER BOARD



- ❑ Can be used for confined space and vertical extrication
- ❑ Fits in stokes stretcher
- ❑ Will float a 250-pound person

# IMPROVISED LITTERS

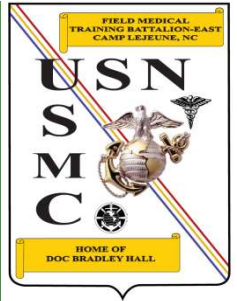


- ▣ Used in emergencies when
  - Standard litters are not available
  - Distance too far for manual carries
  - Injury would be aggravated by manual carry
- ▣ Must be replaced by standard litter ASAP



# IMPROVISED LITTERS

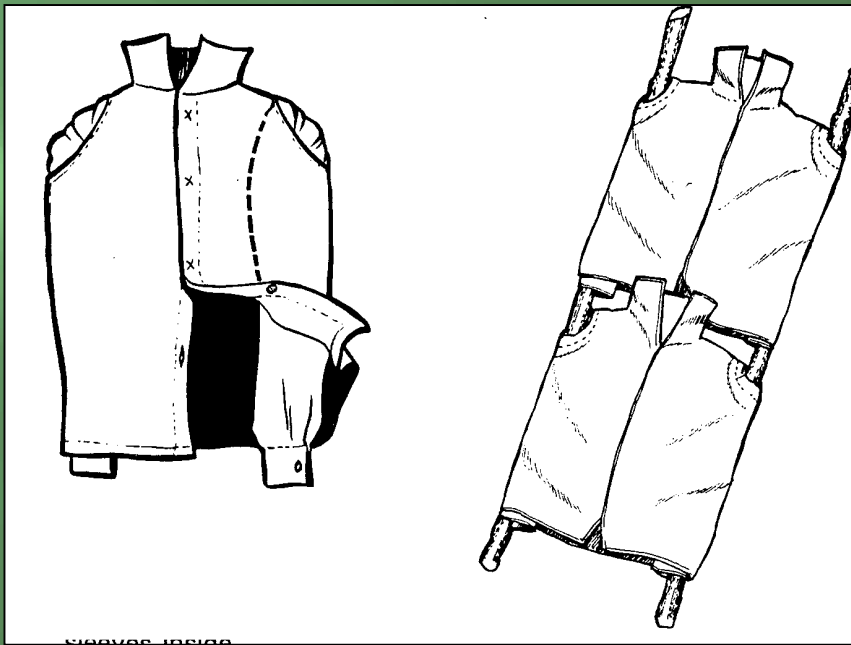
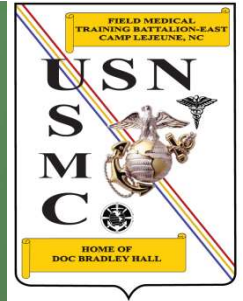
## Example: Blankets / Ponchos



Coordinate TACEVAC

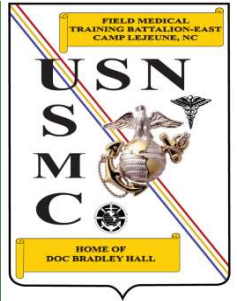
# IMPROVISED LITTERS

## Example: Blouse



Coordinate TACEVAC

# LITTER EVAC PROCEDURES



- ▣ Movement deliberate and gentle
- ▣ Keep litter level and steady
- ▣ Carry feet first
  - Except going uphill/stairs
- ▣ Load head first into vehicles
- ▣ Carry patient's equipment or place on litter

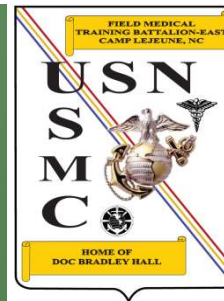


Coordinate TACEVAC



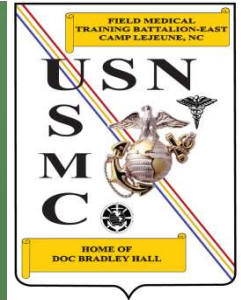
Coordinate TACEVAC

# M-997 AMBULANCE



Coordinate TACEVAC

# M-997 AMBULANCE

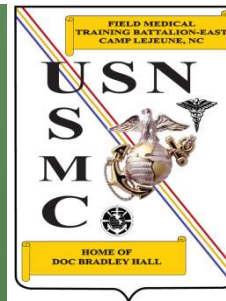


- ▣ 4 litter or 8 ambulatory
- ▣ Protects against small arms fire



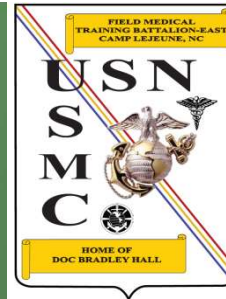
Coordinate TACEVAC

# M-997 AMBULANCE



Coordinate TACEVAC

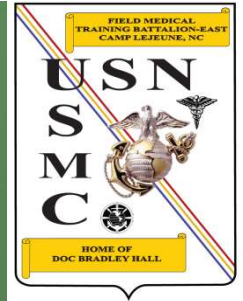
# M-1035 AMBULANCE



- ▣ 2 litter and 3 ambulatory
- ▣ HMMWV frame with a removable soft top

Coordinate TACEVAC

# MK23 (7-TON)



Can transport 10 litter or 20 ambulatory casualties

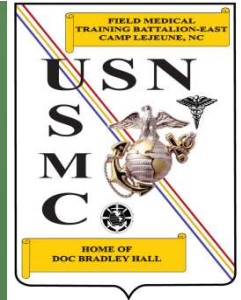


Coordinate TACEVAC



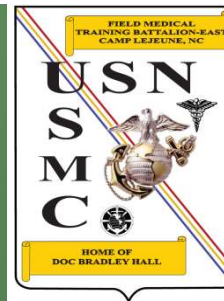
Coordinate TACEVAC

# CH-46 (SEA KNIGHT)



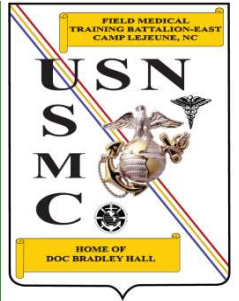
- Can carry 15 litter patients or 22 ambulatory casualties

Coordinate TACEVAC



Coordinate TACEVAC

# UH-1 (HUEY)

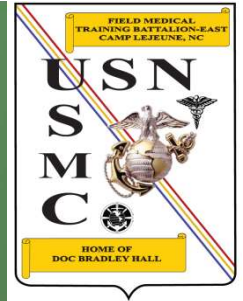


Able to carry 6 litters or 10 ambulatory casualties



Coordinate TACEVAC

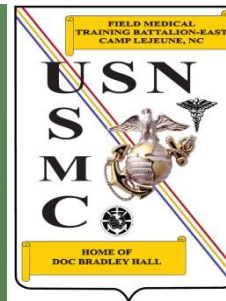
# MV-22 (OSPREY)



When configured with litter racks, able to carry 12 litters  
or 24 ambulatory

Coordinate TACEVAC

# CH-47 (CHINOOK)

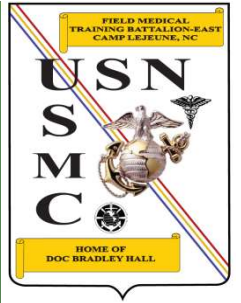


- When configured, can carry 24 litter patients or 31 ambulatory casualties



Coordinate TACEVAC

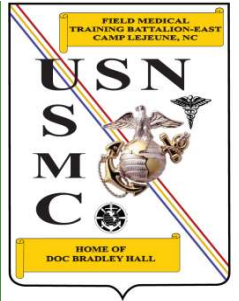
# UH-60 (BLACKHAWK)



- Can carry 6 litters with modification kit or 7 without modification kit.

Coordinate TACEVAC

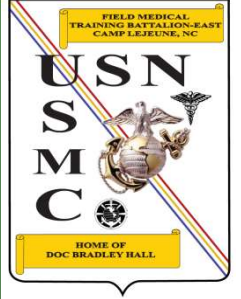
# AIR EVACUATION PLATFORMS



- ▣ USMC has NO dedicated air TACEVAC platforms
- ▣ All aircraft are used as a “lift of opportunity”

Coordinate TACEVAC

# HELICOPTER EVACUATION



## ▣ ADVANTAGES

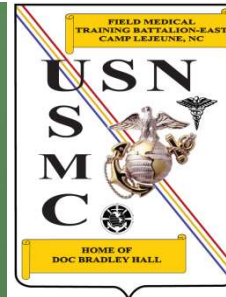
- Decreased time lapse between initial treatment and definitive care
- Increases the casualty's chance of survival

Coordinate TACEVAC



Coordinate TACEVAC

# CASUALTY RECEIVING TREATMENT SHIPS



**USS BATAAN (LHD 5)**



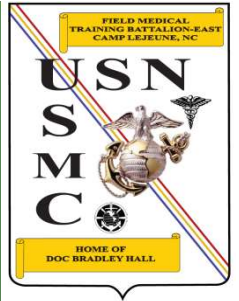
**USS TARAHA (LHA 1)**



U.S. NAVY PHOTO

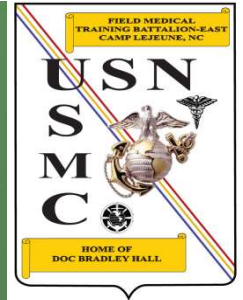
Coordinate TACEVAC

# CASUALTY RECEIVING TREATMENT SHIPS



- Mission
  - Assault via helo, landing craft and amphibious vehicle
  - Primary amphibious landing ships for MEFs, MEB's and MEU's
  - Primary CRTS

# Landing Helicopter Assault and Dock Landing Ship (LHA/LSD)

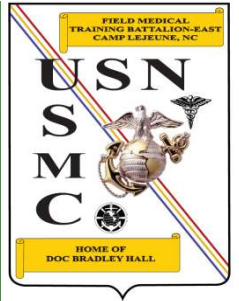


- ▣ Transport Capabilities
  - Flight deck with large hanger deck and a well deck
  - Receives casualties via helos or waterborne craft
- ▣ Medical Capabilities
  - LHD has the largest medical capability of Amphibious Ships (LHA is second)



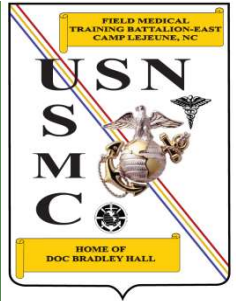
Coordinate TACEVAC

# T-AH



- ▣ COMFORT and MERCY
- ▣ Mobile, flexible, rapidly responsive afloat medical capability
- ▣ Provide full-service hospital asset for use by other government agencies in support of disaster relief and humanitarian operations

# T-AH

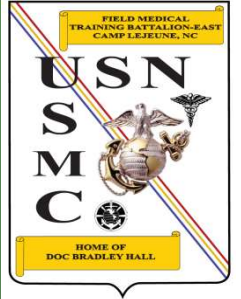


- ▣ Transport Capabilities
  - Flight deck capable of receiving rotary wing aircraft
- ▣ Medical Capabilities
  - 12 ORs
  - 100 ICU beds
  - 400 Immediate care beds
  - 500 Ward beds



Coordinate TACEVAC

# CASEVAC CATEGORIES



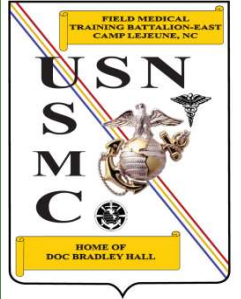
## ▣ URGENT

- Evacuation to save life or limb
- Life threatening injuries
- Evac must occur within 2 hours

## ▣ URGENT SURGICAL

- Wounds that will require surgical intervention
- Patients must be taken to a facility that can perform the procedure needed
- CASEVAC must occur within 2 hours

# CASEVAC CATEGORIES



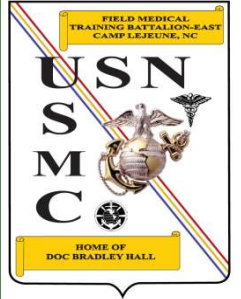
## ▣ PRIORITY

- Serious but not currently life threatening injuries
- Evacuation should occur within 4 hours or patient could become an URGENT

## ▣ ROUTINE

- Evacuation is needed to complete full treatment
- Evacuation may occur within 24 hours

# CASEVAC CATEGORIES



- ▣ CONVENIENCE

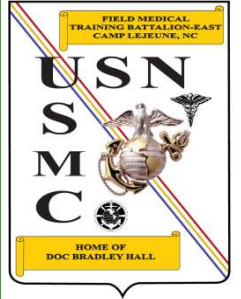
- Patients moved for administrative purpose
- ▣ During evacuation of patients, ensure that they are kept warm!!!!

PREVENT HYPOTHERMIA!!!!!!



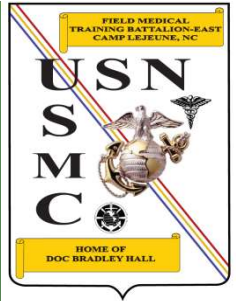
Coordinate TACEVAC

# 9 LINE CASEVAC REQUEST



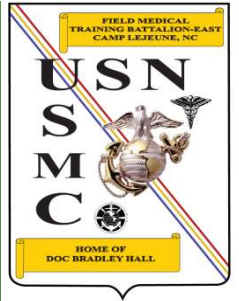
- ▣ Standard format used to request a CASEVAC
- ▣ Speak clearly
- ▣ Use only authorized brevity codes
- ▣ Don't need to memorize, use pocket card

# 9 LINE CASEVAC REQUEST



- Line 1. Location
- Line 2. Radio Freq and Call sign
- Line 3. Precedence (Urgent, Urgent Surgical Priority, Routine, Convenience)
- Line 4. Special Equipment
- Line 5. Number of Patients by type
- Line 6. Security of pick up site
- Line 7. Method of marking site
- Line 8. Patient's Nationality and status
- Line 9. NBC Contamination

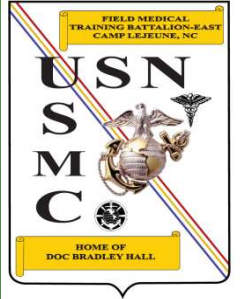
# 9 LINE CASEVAC REQUEST



Example:

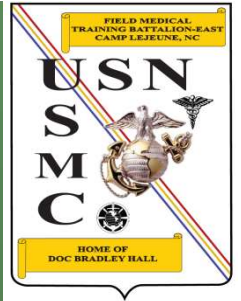
- Pitchfork Six this is Blue Thunder over.
- Blue Thunder this is Pitchfork Six, go ahead
- Pitchfork six, standby for CASEVAC REQUEST over.
- Roger, standing by to copy CASEVAC Request

# 9 LINE CASEVAC REQUEST



1. Line 1 Delta Hotel one two tree four,  
fife six seven eight
  2. Line 2 niner niner six fife, Blue  
Thunder
  3. Line 3 Bravo One, Charlie One
  4. Line 4 Alpha
- Break

# 9 LINE CASEVAC REQUEST



5. Line 5 Lima 1, Alpha 1

6. Line 6 November

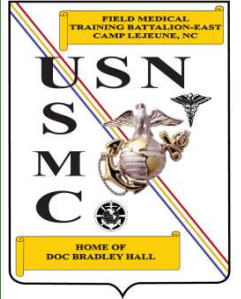
7. Line 7 Charlie

8. Line 8 Alpha 2

9. Line 9 none

Over

# MIST REPORT



M – Mechanism of Injury

I – Injuries Sustained

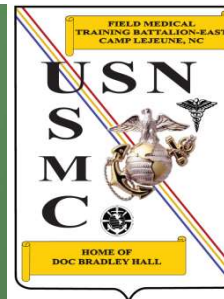
S – Signs and Symptoms

T – Treatments



Coordinate TACEVAC

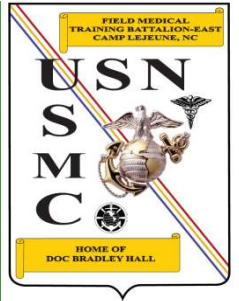
# Conduct Triage



- ▣ 3/5 Kilo Company evacuates three critically wounded Marines following a firefight.
  - ▣ Sangin, Afghanistan. 2010.

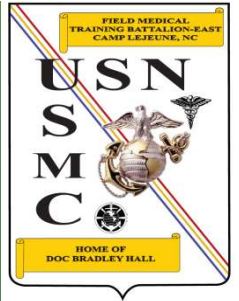
Coordinate TACEVAC

# PRINCIPLES OF TRIAGE



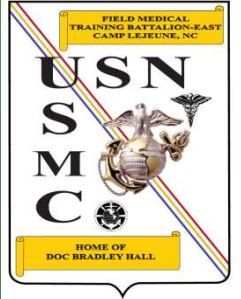
- ▣ Sorting casualties into groups based on their immediate medical needs
- ▣ Establishes the order of treatment and movement

# PRINCIPLES OF TRIAGE



- ▣ Accomplish the greatest good for the greatest number of casualties
- ▣ Employ the most efficient use of available resources
- ▣ Return personnel to duty as soon as possible

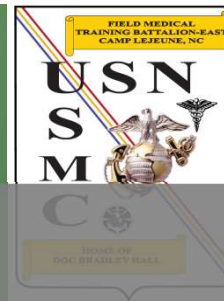
# FACTORS



- ▣ Number of Casualties
- ▣ Resources available
  - Personnel, equipment, time, etc.
- ▣ Attention towards easily treatable conditions
- ▣ Rapid and accurate assessments
- ▣ Continuous reassessment and re-triage

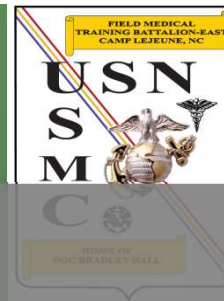


Coordinate TACEVAC



# CATEGORIES OF TRIAGE

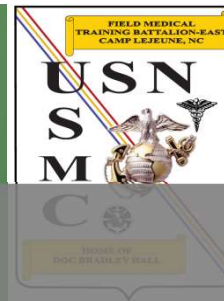
- ▣ 4 Categories that are COLOR CODED
- ▣ Category I = Immediate, **RED**
- ▣ Category II= Delayed, **YELLOW**
- ▣ Category III= Minimal, **GREEN**
- ▣ Category IV= Expectant, **BLACK**



# CATEGORIES OF TRIAGE

## IMMEDIATE - RED TAG

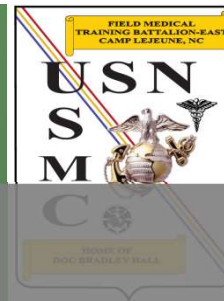
- ▣ Life threatening
  - The patient WILL die without treatment
  - The key to successful triage is to locate these individuals as quickly as possible.
- ▣ This treatment should:
  - NOT be time consuming
  - Be for casualties that have a high chance of survival
- ▣ Casualties do not remain in this category for an extended period of time. They are either found, triaged and treated, or they die!



# CATEGORIES OF TRIAGE

## RED TAG

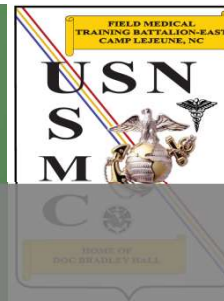
- ▣ Airway Compromise
- ▣ Breathing Compromise
- ▣ Circulation Compromise
- ▣ Other (heatstroke, Decompensated shock, Rapidly deteriorating responsiveness)



# CATEGORIES OF TRIAGE

## DELAYED – YELLOW TAG

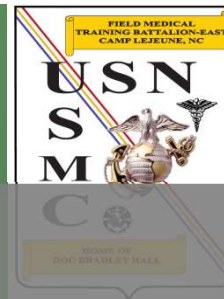
- ▣ Serious, potentially life-threatening but can safely wait a few hours
- ▣ Likely to need surgery, but whose general condition permits delay in surgical treatment without unduly endangering the life, limb, or eyesight of the casualty.
- ▣ Sustaining treatment will be required (e.g., oral or IV fluids, splinting, administration of antibiotics and pain control), but can wait.



# CATEGORIES OF TRIAGE

## YELLOW TAG

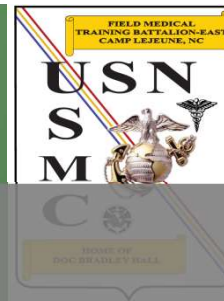
- ▣ Compensated Shock
- ▣ Closed Fractures or injuries causing circulatory compromise
- ▣ Open fractures and dislocations
- ▣ Intra-abdominal and/or thoracic wounds
- ▣ Burns to less than 20% of total body surface area (TBSA).



# CATEGORIES OF TRIAGE

## YELLOW TAG

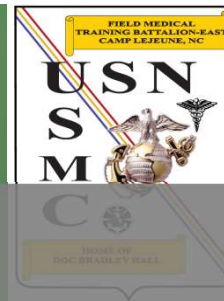
- ▣ Controlled hemorrhage
- ▣ Abdominal, thoracic, spinal or head injuries
- ▣ Severe combat stress or psychosis



# CATEGORIES OF TRIAGE

## •MINIMAL – GREEN TAG

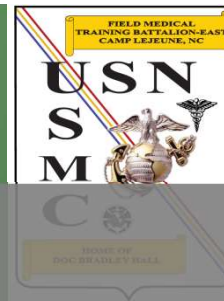
- Walking wounded
- May remain stable for days
- Self Aid/Buddy Aid
- Should be utilized for mission requirements (e.g., security), to help treat and/or transport the more seriously wounded, or put back into the fight.



# CATEGORIES OF TRIAGE

## GREEN TAG

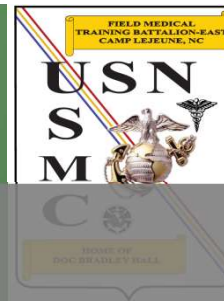
- ▣ Minor Lacerations/ Abrasions
- ▣ Uncomplicated Closed Fractures, Dislocations, Sprains, Strains
- ▣ Small burns
- ▣ Frostbite



# CATEGORIES OF TRIAGE

## EXPECTANT - BLACK TAG

- ▣ Treatment for these casualties would be time consuming and complicated
- ▣ The extent of treatment (if any) depends on supplies and manpower
- ▣ Casualties have wounds that are so extensive, that even if they were the sole casualty and had the benefit of optimal medical resources, their survival would be unlikely.
- ▣ Examples of expectant casualties are the unresponsive with injuries such as penetrating head trauma with obvious massive damage to the brain.

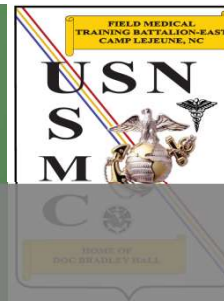


# CATEGORIES OF TRIAGE

## BLACK TAG

Should not be neglected and should receive comfort measures and pain medication if possible, and deserve re-triage as appropriate.

After immediate and delayed casualties are treated and/or evacuated, black tag casualties should be re-triaged and treated based upon personnel and supplies.



# CATEGORIES OF TRIAGE

## BLACK TAG

- ▣ Cardiac Arrest
  - In casualties with no pulse or respirations, bilateral chest decompressions to rule out tension pneumothorax should be performed
- ▣ Massive Brain/Head Trauma
- ▣ Second or Third degree burns over 70% BSA

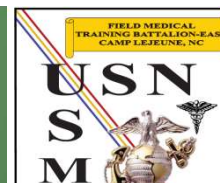


Coordinate TACEVAC

# TCCC CARD



- You learned about the card in lesson 209, Communication, Documentation, Prepare for Evacuation.



**TACTICAL COMBAT CASUALTY CARE (TCCC) CARD**

BATTLE ROSTER #: \_\_\_\_\_

EVAC: ☐ Urgent ☐ Priority ☐ Routine

NAME (Last, First): \_\_\_\_\_ LAST 4: \_\_\_\_\_

GENDER: ☐ M ☐ F DATE (DD-MMM-YY): \_\_\_\_\_ TIME: \_\_\_\_\_

SERVICE: \_\_\_\_\_ UNIT: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

**Mechanism of Injury:** (X all that apply)

☐ Artillery ☐ Blunt ☐ Burn ☐ Fall ☐ Grenade ☐ GSW ☐ IED  
☐ Landmine ☐ MVC ☐ RPG ☐ Other: \_\_\_\_\_

**Injury:** (Mark injuries with an X)

TQ: R Arm

TYPE: \_\_\_\_\_

TIME: \_\_\_\_\_

TQ: L Arm

TYPE: \_\_\_\_\_

TIME: \_\_\_\_\_

TQ: R Leg

TYPE: \_\_\_\_\_

TIME: \_\_\_\_\_

TQ: L Leg

TYPE: \_\_\_\_\_

TIME: \_\_\_\_\_

**Signs & Symptoms:** (Fill in the blank)

	Time			
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

DD Form 1380, JUN 2014 TCCC CARD

BATTLE ROSTER #: \_\_\_\_\_

EVAC: ☐ Urgent ☐ Priority ☐ Routine

**Treatments:** (X all that apply, and fill in the blank) Type

C: TQ- ☐ Extremity ☐ Junctional ☐ Truncal \_\_\_\_\_

Dressing- ☐ Hemostatic ☐ Pressure ☐ Other \_\_\_\_\_

A: ☐ Intact ☐ NPA ☐ CRIC ☐ ET-Tube ☐ SGA \_\_\_\_\_

B: ☐ O2 ☐ Needle-D ☐ Chest-Tube ☐ Chest-Seal \_\_\_\_\_

C:

	Name	Volume	Route	Time
Fluid				
Blood Product				

MEDS:

	Name	Dose	Route	Time
Analgesic (e.g., Ketamine, Fentanyl, Morphine)				
Antibiotic (e.g., Moxifloxacin, Ertapenem)				
Other (e.g., TXA)				

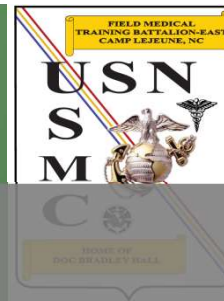
OTHER: ☐ Combat-Pill-Pack ☐ Eye-Shield (☐ R ☐ L) ☐ Splint  
☐ Hypothermia-Prevention Type: \_\_\_\_\_

NOTES:

FIRST RESPONDER  
NAME (Last, First): \_\_\_\_\_ LAST 4: \_\_\_\_\_

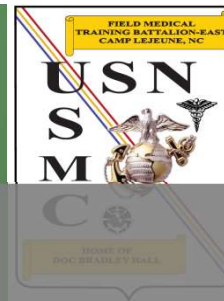
DD Form 1380, JUN 2014 (Back) TCCC CARD

Coordinate TACEVAC



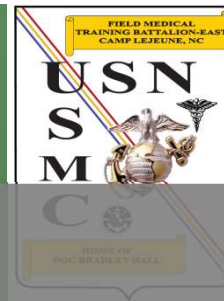
# TRIAGE CARDS

- ▣ This card is based on the principles of TCCC.
- ▣ It addresses the initial lifesaving care provided at the point of wounding.
- ▣ It should be filled out by *whomever* is caring for the casualty.
- ▣ Its format is simple with a circle or “X” in the appropriate block.

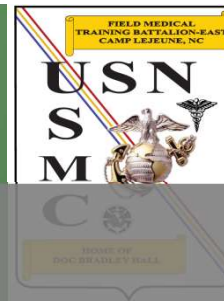


# TRIAGE CARDS

- ▣ A TCCC Casualty Card should be kept in each IFAK.
- ▣ Use an indelible marker to fill it out.
- ▣ When used, attach it to the casualty's belt loop, or place it in their upper left sleeve, or the left trouser cargo pocket.
- ▣ Include as much information as you can.



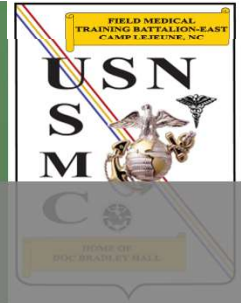
- ▣ **The card does not imply that every casualty needs all the interventions listed.**
- ▣ You may not be able to perform all the interventions that the casualty needs.
- ▣ The next person caring for the casualty can add to the interventions performed.
- ▣ This card can be filled out in less than two minutes.
- ▣ It is important that we document the care given to the casualty.



# TRIAGE CARDS

- ▣ Record each intervention in each category.
- ▣ If you are not sure what to do, the card will prompt you where to go next.
- ▣ Simply circle the intervention you performed.
- ▣ Explain any action you want clarified in the remarks area.

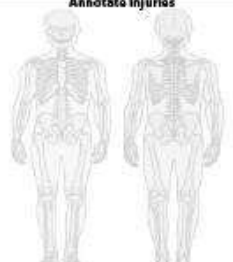
# TCCC Card Abbreviations

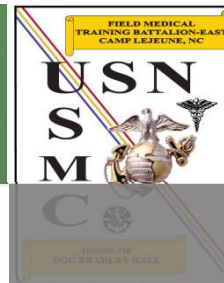


- ▣ DTG = Date-Time Group (e.g. - 160010Oct2009)
- ▣ NBC = Nuclear, Biological, Chemical
- ▣ TQ = Tourniquet
- ▣ GSW = Gunshot Wound
- ▣ MVA = Motor Vehicle Accident
- ▣ AVPU = Alert, Verbal stimulus, Painful stimulus, Unresponsive
- ▣ Cric = Cricothyroidotomy
- ▣ NeedleD = Needle decompression
- ▣ IV = Intravenous
- ▣ IO = Intraosseous
- ▣ NS = Normal Saline
- ▣ LR = Lactated Ringers
- ▣ ABX = Antibiotics

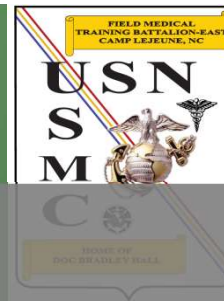


# TCCC After-Action Report

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA											
For use of this form, see AR 40-66; the proponent agency is the Office of the Surgeon General											
REPORT TITLE TACTICAL COMBAT CASUALTY CARE-AFTER ACTION REPORT								JTS APPROVED (Date) (20140318) -VA.O			
Event Date		Time		Country		AOR/Region					
Phase	Care Under Fire	Tactical Field Care	Aid Station Care	Battle Injury	WIA	KIA	Non Battle Injury	Allies	Dead		
Mechanism				Injuries		Annotated Injuries					
<input type="checkbox"/> Aircraft Crash <input type="checkbox"/> Blast - IED or Mine Dismounted <input type="checkbox"/> Blast - IED or Mine Mounted <input type="checkbox"/> Blast - Indirect Fire (Mortar/Artillery) <input type="checkbox"/> Blast - RPG or Grenade <input type="checkbox"/> Blast - Other <input type="checkbox"/> Blunt <input type="checkbox"/> Burn <input type="checkbox"/> Collapse/Crush from Structure <input type="checkbox"/> Drowning <input type="checkbox"/> Environmental <input type="checkbox"/> Fall, Height _____ ft <input type="checkbox"/> Fragmentation (Shrapnel) <input type="checkbox"/> Gun Shot Wound <input type="checkbox"/> Motor Vehicle Crash <input type="checkbox"/> Parachute Incident <input type="checkbox"/> Other _____				<input type="checkbox"/> Amputation (AMP) <input type="checkbox"/> Burn (B), TBSA _____ % <input type="checkbox"/> Cerebral (C) <input type="checkbox"/> Deformity (D) <input type="checkbox"/> Degloving (DG) <input type="checkbox"/> Fracture (FX) <input type="checkbox"/> Gunshot Wound (GSW) <input type="checkbox"/> Hematoma (H) <input type="checkbox"/> Laceration (LAC) <input type="checkbox"/> Peppering (PP) <input type="checkbox"/> Puncture Wound (PW) <input type="checkbox"/> TBI Suspect (TBI) <input type="checkbox"/> Other _____							
Vital Signs											
Time	HR	BP	RR	SpO2	ETCO2	Temp	F	C	AVPU	GCS: Eye 1-4 Verbal 1-5 Motor 1-6 Total	Pain 0-10
First											
Last											
Circulation - Hemorrhage Control											
Time	NM: Non-medical	M: Medical	MO: Medical Officer	TQ-CAT	TQ-SOFTT	TQ-Other	RUE	LUE	RLE	LLE	
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> TQ-CAT	<input type="checkbox"/> TQ-SOFTT	<input type="checkbox"/> TQ-Other	<input type="checkbox"/> RUE	<input type="checkbox"/> LUE	<input type="checkbox"/> RLE	<input type="checkbox"/> LLE	
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> TQ-CAT	<input type="checkbox"/> TQ-SOFTT	<input type="checkbox"/> TQ-Other	<input type="checkbox"/> RUE	<input type="checkbox"/> LUE	<input type="checkbox"/> RLE	<input type="checkbox"/> LLE	
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> TQ-CAT	<input type="checkbox"/> TQ-SOFTT	<input type="checkbox"/> TQ-Other	<input type="checkbox"/> RUE	<input type="checkbox"/> LUE	<input type="checkbox"/> RLE	<input type="checkbox"/> LLE	
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> TQ-CAT	<input type="checkbox"/> TQ-SOFTT	<input type="checkbox"/> TQ-Other	<input type="checkbox"/> RUE	<input type="checkbox"/> LUE	<input type="checkbox"/> RLE	<input type="checkbox"/> LLE	
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> TQ-Multiple to the same extremity, Type & Ext							
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> TQ-Junctional, Type & Region							
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> Hemostatic Dressing, Type							
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> Pressure Dressing, Type							
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> Other Dressing, Type							
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> Splint, Type							
Airway											
Time	NM: Non-medical	M: Medical	MO: Medical Officer	NPA-Nasopharyngeal Airway	Cric-Cricothyroidotomy, Type	ET-Endotracheal Tube, Type	King LT	LMA	Other		
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> NPA-Nasopharyngeal Airway	<input type="checkbox"/> Cric-Cricothyroidotomy, Type	<input type="checkbox"/> ET-Endotracheal Tube, Type	<input type="checkbox"/> King LT	<input type="checkbox"/> LMA	<input type="checkbox"/> Other		
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> NPA-Nasopharyngeal Airway	<input type="checkbox"/> Cric-Cricothyroidotomy, Type	<input type="checkbox"/> ET-Endotracheal Tube, Type	<input type="checkbox"/> King LT	<input type="checkbox"/> LMA	<input type="checkbox"/> Other		
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> NPA-Nasopharyngeal Airway	<input type="checkbox"/> Cric-Cricothyroidotomy, Type	<input type="checkbox"/> ET-Endotracheal Tube, Type	<input type="checkbox"/> King LT	<input type="checkbox"/> LMA	<input type="checkbox"/> Other		
	<input type="checkbox"/> NM	<input type="checkbox"/> M	<input type="checkbox"/> MO	<input type="checkbox"/> NPA-Nasopharyngeal Airway	<input type="checkbox"/> Cric-Cricothyroidotomy, Type	<input type="checkbox"/> ET-Endotracheal Tube, Type	<input type="checkbox"/> King LT	<input type="checkbox"/> LMA	<input type="checkbox"/> Other		
PREPARED BY (Name, Rank & Title)											
DEPARTMENT/SERVICE/CLINIC (Including Unit)											
DATE											
PATIENT'S IDENTIFICATION (Name: last, first, middle; grade; date; hospital or medical facility)											
Last Name _____ First Name _____ MI _____											
BRI _____ Rank _____ Unit _____											
SSN _____ DOB _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Allergy <input type="checkbox"/> Other _____											
<input type="checkbox"/> HISTORY/PHYSICAL <input checked="" type="checkbox"/> TREATMENT <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER, Specify _____											
DA FORM 4700, FEB 2003 EDITION OF MAY 76 IS OBSOLETE JTS TCCC AAR OP 04 (MCMR-SRU) MAR 2014 APO PS 15-01-05											



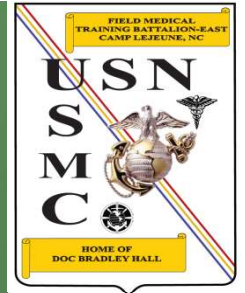
Coordinate TACEVAC



## TCCC After Action Report

- ▣ This electronic AAR is intended to be completed when the first responder returns to base.
- ▣ It is more complete than the TCCC Card.
- ▣ It should be submitted to the Joint Theater Trauma System Director within 72 hours of casualty evacuation.
- ▣ **Both the TCCC Card and the TCCC AAR are required for optimal patient care documentation.**

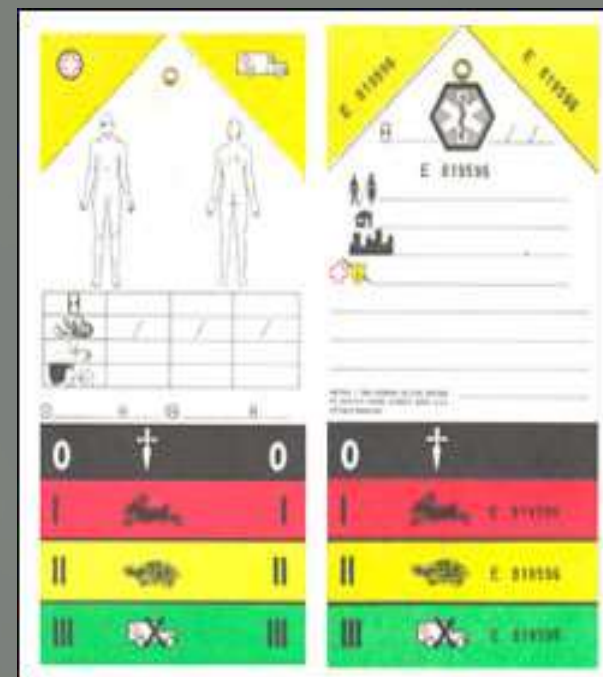
# TRIAGE CARDS

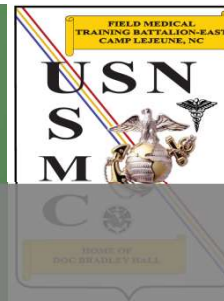


- METTAG
- Furnishes essential information about injury and treatment provided
- Sole or initial medical record for troops injured in combat
- 7 character serial number identifies and tracks casualties

# TRIAGE CARDS

- Stays with the patient at all times
- The yellow corner with ambulance picture and serial number stays with the evacuating vehicle
- The yellow corner with first aid sign and serial number stays with the BAS





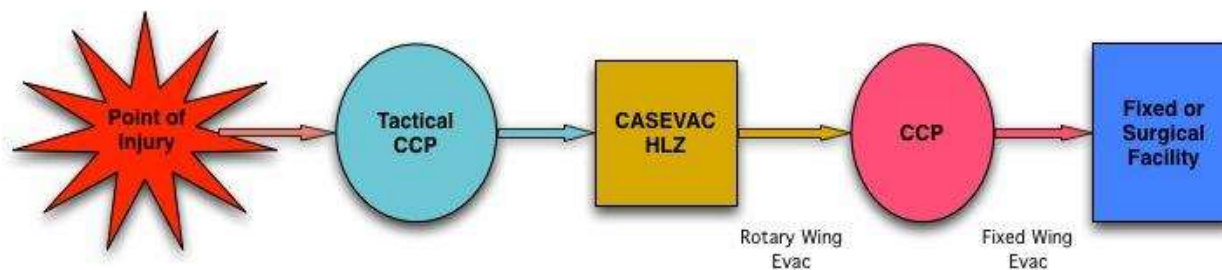
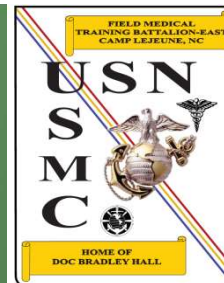
# MASS CASUALTY TRIAGE

- ▣ Always be prepared to deal with mass casualties
- ▣ Establish and rehearse plans
- ▣ Remember triage is not treatment, but constant reassessment



Coordinate TACEVAC

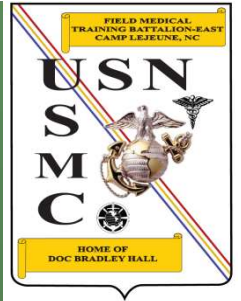
# Casualty Collection Points in the Evacuation Chain



Casualty flow from target to hospitalization.

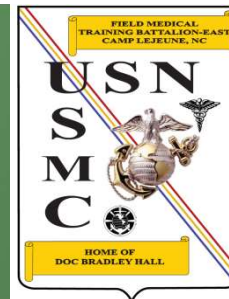
Coordinate TACEVAC

# CCP Site Selection



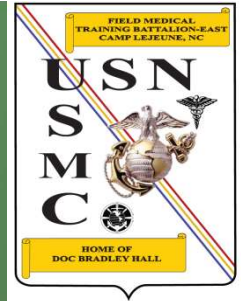
- Should be reasonably close to the fight.
- Located near areas where casualties are likely to occur.
- Must provide cover and concealment from the enemy.
- Inside a building or on hardstand (an exclusive CCP building limits confusion).
- Should have access to evacuation routes (foot, vehicle, aircraft).
- Proximal to “Lines of Drift” or paths across terrain that are the most likely to be used when going from one place to another.

# CCP Site Selection



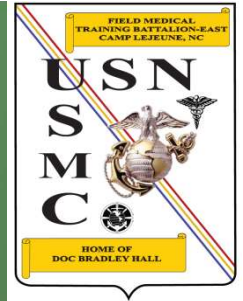
- Adjacent to Tactical Choke Points (breeches, HLZ's, etc.)
- Avoid natural or enemy choke points.
- Choose an area providing passive security (inside the perimeter).
- Good drainage
- Accessible to evacuation assets
- Expandable if casualty load increases

# CCP Operational Guidelines



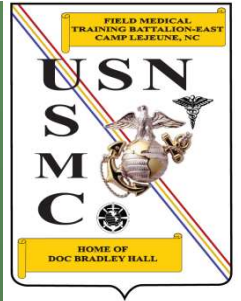
- Typically, a First Sergeant (1SG) or Platoon Sergeant (PSG), or equivalent, is given responsibility for casualty flow and everything outside the CCP:
  - Provides for CCP structure and organization (color coded with chemlights).
  - Maintains command & control and battlefield situational awareness.
  - Controls aid & litter teams, and provides security.

# CCP Operational Guidelines



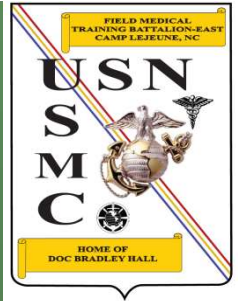
- First Sergeant (1SG), Platoon Sergeant (PSG) or equivalent:
  - Strips, bags, tags, organizes, and maintains casualties' tactical gear outside of treatment area.
  - Accountable for tracking casualties and equipment into and out of CCP and reports to higher command.
  - Moves casualties through CCP entrance/exit choke point which should be marked with an IR chemlight.

# CCP Operational Guidelines



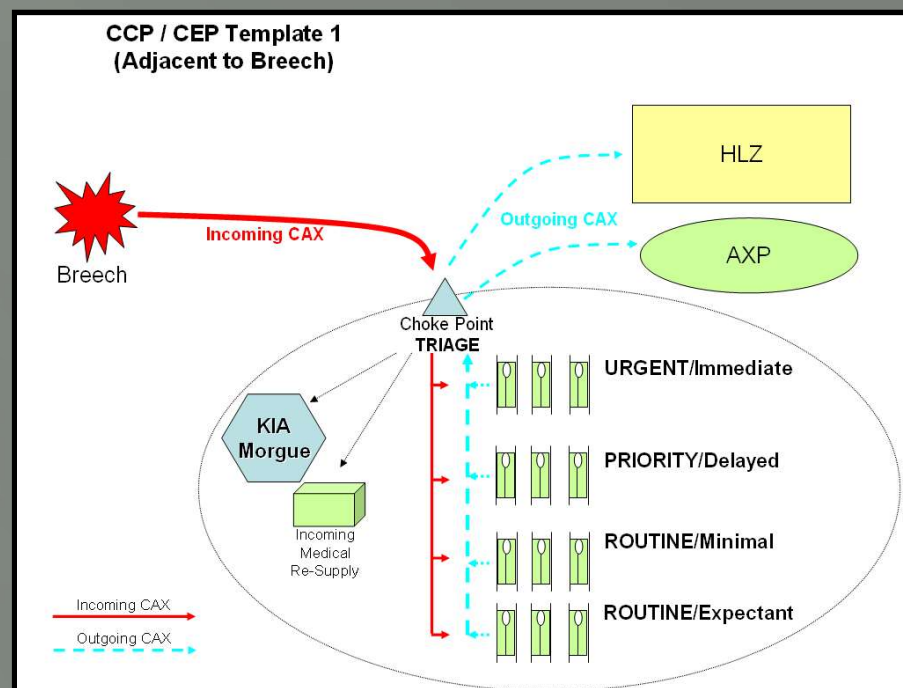
- ▣ Medical personnel are responsible for everything inside the CCP:
  - Triage officer sorts and organizes casualties at choke point into appropriate treatment categories.
  - Medical officers and medics organize medical equipment and supplies and treat casualties.
  - EMTs, First Responders, and Aid & Litter Teams assist with treatment and packaging of casualties.

# CCP Operational Guidelines



- ▣ Casualties with minor injuries should remain with their original elements or assist with CCP security if possible.
- ▣ Those killed in action should remain with their original elements.

# CCP Operational Guidelines



- This is a typical configuration of a CCP receiving
- casualties from a nearby encounter with hostile forces.



Coordinate TACEVAC

# TACEVAC/EVACUATION

